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## \*BIBDATASHEET\*

CONFIRMATION NO. 8925

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/973,424	<b>FILING OR 371(c) DATE</b> 10/09/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 15966-585CIP2 (CURA-85CIP)
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/689,486 10/12/2000 PAT 6,855,806  
 and is a CIP of 09/687,276 10/13/2000 ABN  
 which claims benefit of 60/159,805 10/15/1999  
 and claims benefit of 60/159,992 10/18/1999  
 and claims benefit of 60/160,952 10/22/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

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 Intellectual Property  
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## TITLE

POLYPEPTIDES AND POLYNUCLEOTIDES HOMOLOGOUS TO THYMOSIN, EPHRIN A RECEPTORS, AND  
 FIBROMODULIN

<b>FILING FEE RECEIVED</b> 1758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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